



Continental Anastasia Service Center 207, Inc.

DBA: 206 Truck Sales

955 W. State Rd 206
St. Augustine, FL 32086

Phone: 904-797-9917

Fax: 904-797-9929

Credit Application

BUSINESS INFORMATION				Please fill out application completely			
Company Name:		Type of Business (Check One): <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC					
Physical address:		City:	State:	Zip Code:	County:		
Business Phone		Fax Number:		US DOT / MC#:			
Federal I.D. No.:		Gross Revenue:	Years as Driver:		Years as Owner / Operator		
Garaging Address:		City:	State:	Zip:	Current Fleet: Tractor# _____ Trailer# _____		
Haul Reference:		Contact:	Phone:	E-mail:			
OWNERSHIP INFORMATION				Include all owners to account for 100% of company ownership			
1. Owner / Primary Contact		DOB:		SSN:			
Home Address:		City:	State:	Zip Code:			
Rent or Own?		Spouse:		Spouse SSN:			
Home Phone:		Cell Phone:		Email Address:			
2. Owner / Primary Contact		DOB:		SSN:			
Home Address:		City:	State:	Zip Code:			
Rent or Own?		Spouse:		Spouse SSN:			
Home Phone:		Cell Phone:		Email Address:			
EQUIPMENT INFORMATION				Please include Yr., Make, & Model#.			
Please attach the equipment quote and/or picture if available				YEAR	MAKE	MODEL	
1	Qty:	Price:	Description:				
2	Qty:	Price:	Description:				
DEALER/SUPPLIER				CONTACT PERSON:	TELEPHONE NUMBER:	FAX NUMBER:	

We hereby authorize the release of any and all credit information to Continental Anastasia Service Center 207, Inc. and certify that all is true and correct to the best of my knowledge. The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit application, hereby consents to and authorizes Continental Anastasia Service Center 207, Inc. and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim that he/she would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A photocopy or facsimile copy of this authorization shall be valid as the original.

Signature _____ Signature _____ Date _____